

SLTC-246

(Rev 1/2017)

## Self Direct Provider Agency

## Intake Internal Quality Assurance Review

## Worksheet

	N/A	Met	Unmet	Date Completed or Date Span
<b>Name of Member:</b> _____				
<b>Date of Intake visit:</b> _____				
PCP Form with signatures				
Service Plan with signatures				
Member/PR Agreement with signatures				
HCP Authorization with signatures				
MPQH Overview and Service Profile				
High Risk Service Plan (when applicable)				
High Risk Referral to MPQH (when applicable)				
PCP Form contains member/PR initials				
PCP Form contains member information in every box				
Service Plan documents ADL/IADL tasks and ADL frequency				
<b>Name of Person Completing Form:</b>				
<b>Date Form Completed:</b>				

Additional Comments:

[illegible]